



# California Fair Political Practices Commission

July 19, 1988

Doris Stockton, Treasurer  
Arlington Heights Landowners Association  
1900 Bonnie Brae Street  
Riverside, CA 92056

Re: Your Request for Advice  
Our File No. A-88-258

Dear Ms. Stockton:

You have requested advice concerning the campaign disclosure provisions of the Political Reform Act.<sup>1/</sup> As we discussed on June 29, 1988, your letter to Mr. Imberi in the Secretary of State's Political Reform Division was referred to this office for a reply.

## QUESTION

You have asked whether the Arlington Heights Landowners Association ("the Association") must register and file campaign disclosure reports when it contributes funds from its treasury to its sponsored committee, Riverside Tomorrow--Arlington Heights Citizens Association ("the Committee").

## CONCLUSION

The Association is not required to file separate campaign disclosure reports if its only financial activity in connection with elections is to provide funds and administrative services to its sponsored committee, and the criteria set forth in the following analysis are satisfied.

## FACTS

The Arlington Heights Landowners Association was formed in 1986 to plan for the use of land owned by its members. In 1987,

---

<sup>1/</sup>Government Code Sections 81000-91015. All statutory references are to the Government Code unless otherwise indicated. Commission regulations appear at 2 California Code of Regulations Section 18000 et seq. All references to regulations are to Title 2, Division 6 of the California Code of Regulations.

the Association registered Riverside Tomorrow as a recipient committee to handle its political activities, including its current effort to qualify an initiative for the November 1988 ballot. In May of this year, you were advised locally that the Association may have separate filing obligations under the Act. Subsequently, the Association filed another recipient committee statement of organization (Form 410) under its own name.

#### ANALYSIS

Regulation 18419 (copy enclosed) states that organizations which sponsor recipient committees are not required to register and file separate campaign disclosure reports as long as all of the following criteria are satisfied:

- (1) The sponsor does not make or receive a sufficient amount of contributions or independent expenditures, other than those in support of its sponsored committee, to satisfy the thresholds set forth in Government Code Section 82013. A sponsoring organization makes contributions and expenditures in support of its sponsored committee when it provides the committee with member contributions, money from its treasury, supplies or administrative services;
- (2) The sponsored committee reports all contributions and expenditures made in support of the committee by the sponsor, its intermediate units, and the members of such entities. With respect to a member contribution which is channeled through the sponsor or an intermediate unit, the member is the contributor;
- (3) The sponsored committee reports as an intermediary the sponsor...if the sponsor...directly or indirectly provides the committee with \$100 or more in member contributions regardless of whether any member for whom the sponsor...acts contributed \$100 or more; and
- (4) A responsible officer of the sponsor, as well as the treasurer of the sponsored committee, verifies the committee's campaign statement pursuant to Government Code Section 81004.

Regulation 18419(c).

If the above criteria are not satisfied and a sponsoring organization is required to file campaign disclosure reports, it must disclose contributions it makes to the sponsored committee. (Regulation 18419(d).)

Doris Stockton  
Page Three

During our June 29, 1988 telephone conversation, I noted that Riverside Tomorrow is using the name Arlington Heights Citizens Association (rather than Landowners Association) on its statement of organization, and advised you that pursuant to subsection (b) of Regulation 18419, the Committee must use the Association's correct name in the name of the committee. You indicated that the Association had contemplated changing its name to Arlington Heights Citizens Association and that you will take whatever steps are necessary to formalize the name change for the Association or amend the Committee's statement of organization to correctly reflect the sponsor's name.

If you need further assistance, please do not hesitate to contact me at (916) 322-5662.

Sincerely,

Diane M. Griffiths  
General Counsel

*Carla Wardlow*

By Carla Wardlow  
Political Reform Consultant

Enclosure



March Fong Eu  
Secretary of State

1230 J Street  
P.O. Box 1467  
Sacramento, California 95807

POLITICAL REFORM DIVISION  
(916) 322-4880

June 28, 1988

Ms. Doris Stockton, Treasurer  
AHLOA, ID# 881265  
1900 Bonnie Brae Street  
Riverside, CA 92506

Dear Ms. Stockton:

Thank you for your letter concerning Arlington Heights Landowner's Association and Riverside Tomorrow. I have reviewed your letter and the Statements of Organization of the two groups. The situation seems grey enough and the questions raised technical enough that I do not feel comfortable giving you advice. Therefore, I am referring your letter to the Fair Political Practices Commission, since they are responsible for making technical interpretations of the Political Reform Act of 1974.

Please accept my apology for not being able to handle this directly.

Sincerely,

A handwritten signature in cursive script that reads "Wayne D. Imberi".

Wayne D. Imberi, Office Manager  
Political Reform Division

WPI:mw

Enclosures

cc: FPPC

*Rec'd 6/29  
CW*

June 20, 1988

Mr. Wayne Imberi  
Political Reform Division  
1230 J Street  
P.O. Box 1467  
Sacramento, CA 95807

88-258  
due July 31



RE: Arlington Heights Landowner's Association - ID# 881-265

Dear Mr. Imberi,

In May, 1988 we were advised locally that "we needed to file form 410 because we seemed to be a sponsoring committee to a recipient committee."

Arlington Heights Landowners Association, (AHLOA), was incorporated in January, 1986 as a non-profit mutual benefit corporation. All of the funding of AHLOA has come from dues and assessments charged to our members. These funds were used to pay consultants for plans and suggestions for the use of the land owned by members of the association, legal fees, promotion and clerical help.

In the fall of 1987 we became politically active and formed Riverside Tomorrow - ID# 870-857. This PAC has done the required reporting for our political activity.

We are currently involved in qualifying an initiative for the Fall 1988 ballot.

It is not clear from our conversation today whether we need two PAC numbers and separate, duplicate reporting for the Board of Directors of ALHOA to contribute funds from the AHLOA treasury to Riverside Tomorrow PAC.

We are an inexperienced, grass roots group of local citizens who wish to follow the rules to the letter of the law.

Should we terminate PAC# 881-265 (AHLOA)? If so, how should we proceed?

We appreciate your help and are looking forward to your clarification.

Sincerely,

*Doris Stockton*

Doris Stockton, Treasurer, AHLOA  
1900 Bonnie Brae Street  
Riverside, CA 92506

Rec'd 6/29  
CW



Form 410  
1988

FILE AN ORIGINAL AND ONE  
COPY OF THIS FORM WITH

Secretary of State  
Political Reform Division  
P O Box 1467  
Sacramento, CA 95812 1467

AND, IF APPLICABLE, FILE ONE  
COPY OF THIS FORM WITH

The city or county filing officer, if any,  
with whom the committee must file its  
original campaign disclosure  
statements

RECEIVED  
AND FILED  
in the office of the Secretary of State  
of the State of California

MAY 27 1988

MARCH FONG EU, Secretary of State

# STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101-84103)

IF AMENDMENT  
ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE

STREET ADDRESS OF COMMITTEE  
(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY

MAILING ADDRESS (IF DIFFERENT)

NO. AND STREET (OR P.O. BOX)

CITY/STATE

ZIP CODE

DATE QUALIFIED AS COMMITTEE (MO. DAY YR.)

AREA CODE

PHONE NUMBER

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

## I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND ADDRESS AND MAILING ADDRESS, IF DIFFERENT	(AREA CODE)	BUSINESS PHONE NO
TREASURER	Dee's Stockton 1400 Bonnie Bon St Riverside CA 92506	714	684-4956
President	Peter W. 6794 Brackett Ave Riverside 92506	714	684-1104
Secretary	Joyce Westwood 16621 Zedion Dr Riverside 92503	714	687-2629

Attach additional information on appropriately labeled continuation sheets

## II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

☐ YES (Complete the following and proceed to Part III)

☒ NO

NAME OF CONTROLLING CANDIDATE, NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY IF THIS COMMITTEE IS CONTROLLED BY MORE THAN ONE CANDIDATE, THE NAME OF EACH CONTROLLING CANDIDATE MUST BE LISTED. IF THIS COMMITTEE IS CONTROLLED BY A STATE MEASURE PROPONENT, NAME OF THE STATE MEASURE PROPONENT MUST BE LISTED

Attach additional information on appropriately labeled continuation sheets

## III IS THIS COMMITTEE ACTING JOINTLY WITH OTHER COMMITTEES?

☐ YES (Complete the following and proceed to Part V)

☒ NO

NAMES OF COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY ALSO PROVIDE THE COMMITTEE'S IDENTIFICATION NUMBERS OR THE TREASURERS' NAMES AND PERMANENT STREET ADDRESSES

Attach additional information on appropriately labeled continuation sheets

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

IS THIS A SPONSORED COMMITTEE? (Refer to the instructions on the reverse side for definitions and rules regarding the name of a sponsored committee.)

☐ NO

☒ YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment. Also check one of the classifications below.)

Name of Sponsor: Arlington Heights Landowner's Association

Address of Sponsor: 3976 Market St, Riverside CA 92501

**CLASSIFICATION OF SPONSORED COMMITTEE BY INDUSTRY GROUP OR AFFILIATION (Check one box):**

- ☒ Agriculture ☐ Education ☐ Entertainment/Recreation ☐ Finance/Insurance ☐ Health  
☐ Industrial/Manufacturing ☐ Labor ☐ Legal ☐ Merchandise/Retail ☐ Oil/Gas ☐ Public Employees  
☐ Real Estate ☐ Trade ☐ Transportation ☐ Utilities  
☐ Other: \_\_\_\_\_

**V IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED.**

CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD BY CANDIDATE OR MEASURE'S JURISDICTION (Include district number, city or county, as applicable.)
<u>7/9</u>			

Attach additional information on appropriately labeled continuation sheets.

**VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES -- PLEASE CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY:** ☒ CITY ☐ COUNTY ☐ STATE

Community group who supports candidates and growth management

ISSUES

Attach additional information on appropriately labeled continuation sheets.

**VII YOU MUST SPECIFY WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS IN THE EVENT OF TERMINATION.**

Surplus funds to revert to Arlington Heights Landowner's Association

General Fund

**VERIFICATION**

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_ by David Stokke  
(Date) (City and State) (Signature of Treasurer)

Executed on \_\_\_\_\_ at \_\_\_\_\_ by 7/9  
(Date) (City and State) (Signature of Controlling Candidate, Officeholder or State Measure Proponent)



FILE AN ORIGINAL AND ONE  
COPY OF THIS FORM WITH:  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95807

AND, IF APPLICABLE, FILE ONE  
COPY OF THIS FORM WITH:  
The city or county filing officer, if any,  
with whom the committee must file its  
original campaign disclosure  
statements.

RECEIVED  
AND FILED  
In the office of the Secretary of State  
of the State of California

FEB 01 1988

MARCH FONG EU, Secretary of State

**Form 410** **STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)**

1987 **405** (Government Code Section 84101-84103)

870857

IF AMENDMENT

ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE

Riverside Tomorrow & Arlington Heights Citizens Association

STREET ADDRESS OF COMMITTEE

6807 Airport Drive Suite 123 Riverside CA 92504

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

OCT-8-1987

AREA CODE

714

PHONE NUMBER

688-2492

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

**I TREASURER AND OTHER PRINCIPAL OFFICERS**

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE)	BUSINESS PHONE NO.
TREASURER	Betty C. Doubravsky		
	2523 Adams St. Riverside CA 92504	714-	688-2492

Attach additional information on appropriately labeled continuation sheets.

**II IS THIS A CONTROLLED COMMITTEE OR DOES THIS COMMITTEE ACT JOINTLY WITH ANOTHER CANDIDATE OR COMMITTEE?**

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

[\*] YES (Complete the following and proceed to Part IV) [ ] NO

CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR AFFILIATED COMMITTEE. IF CANDIDATE, ALSO PROVIDE THE NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD, AND DISTRICT NUMBER, IF ANY.	IF ACTING JOINTLY WITH ANOTHER COMMITTEE, IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS

Attach additional information on appropriately labeled continuation sheets.

**III IS THIS A SPONSORED COMMITTEE? (Refer to definitions on the reverse side)**

[X] YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment.)

Name of Sponsor: Arlington Height Citizen's Assoc. (AKA) AHDA Assoc.

Address of Sponsor: 10621 Zodiac Drive - Riverside CA - 92503

(If yes, check one of the classifications below and refer to the instructions on the reverse side for definitions and rules regarding the name of the committee.)

**CLASSIFICATION OF COMMITTEE BY INDUSTRY GROUP OR AFFILIATION:**

- ☐ Agriculture    ☐ Education    ☐ Entertainment/Recreation    ☐ Finance/Insurance    ☐ Health  
☐ Industrial/Manufacturing    ☐ Labor    ☐ Legal    ☐ Merchandise/Retail    ☐ Oil/Gas    ☐ Public Employees  
☐ Real Estate    ☐ Trade    ☐ Transportation    ☐ Utilities

☒ Other: General Purpose Recipient Committees

Attach additional information on appropriately labeled continuation sheets.

**YOU MUST COMPLETE THE VERIFICATION ON PAGE 2**



PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED

Attach additional information on appropriately labeled continuation sheets.

further the cause- Constitutional Rights of Riverside citizens-

Attach additional information on appropriately labeled continuation sheets.

To be given To the Arlington Heights Citizen's Association

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Dec. 9 1987 at Riverside Ca. by Betty C. Soubransky  
(Mo., Day, Yr.) (City and State) (Signature of Treasurer)

OCT 19 1987  
 T SPECIFIC CANDIDATE  
 AND ONE  
 AND, IF APPLICABLE, FILE ONE  
 OF THIS FORM WITH  
 Filing officer, if any,  
 must file its  
 R-3B  
 L  
 Riverside Tomorrow  
 Joyce Westwood, Chairwoman  
 (714) 977-2629  
 6807 Airport Dr., Suite 123  
 Riverside, CA 92504-1903  
 Betty Doubrovsky  
 Treasurer  
 PAC - Arlington Heights Citizens Association

RECEIVED  
 AND FILED  
 in the office of the Secretary of State  
 of the State of California  
 OCT 19 1987

MARCH FONG EU, Secretary of State

1-26-88

This report was filled out  
 as ask for in December 1987.  
 I thought it had been mailed  
 out. In going through my  
 personal tax papers I found this  
 ready to be mailed etc.  
 I'm terribly sorry

Sincerely  
 Betty Doubrovsky  
 Treasurer.

COUNTY:  
 RIVERSIDE  
 OFFICIAL USE ONLY

(AREA CODE)	BUSINESS PHONE NO.
714	688-2492
504	

JOINTLY WITH ANOTHER

dependent of a state ballot measure or  
 in connection with the making of  
 he, his or her agent, or any other  
 (e.)

COMMITTEE; CANDIDATES,  
 COMMITTEE ACTS JOINTLY.  
 If candidate must be listed below.

COMMITTEE IDENTIFICATION NUMBER OF  
 PERMANENT STREET ADDRESS

Sponsor, provide the name

Assoc. J  
 92503

for definitions and rules regarding

☐ Health

Gas

☐ Public Employees

Joint Committees

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act.

ALL AND ONE  
THIS FORM WITH

Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95807

AND, IF APPLICABLE, FILE ONE  
COPY OF THIS FORM WITH

The city or county filing officer, if any,  
with whom the committee must file its  
original campaign disclosure  
statements.

RECEIVED  
AND FILED  
in the office of the Secretary of State  
of the State of California

OCT 19 1987

MARCH FONG EU, Secretary of State

Form 410  
1987

# STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101-84103)

870857

IF AMENDMENT  
ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:

Riverside (city and County of) Tomorrow

STREET ADDRESS OF COMMITTEE:

(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

6807 Airport Drive, Suite 123 - Riverside CA 92504-1903 Riverside

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

AREA CODE

PHONE NUMBER

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

Oct. 8 - 1987

714-

688-2492

## I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE)	BUSINESS PHONE NO.
TREASURER	Betty C. Doubrauskay 2523 Adams St., Riverside CA 92504	714-	688-2492

Attach additional information on appropriately labeled continuation sheets.

## II IS THIS A CONTROLLED COMMITTEE OR DOES THIS COMMITTEE ACT JOINTLY WITH ANOTHER CANDIDATE OR COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

[ ] YES (Complete the following and proceed to Part IV)

[ ] NO

CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR AFFILIATED COMMITTEE. IF CANDIDATE, ALSO PROVIDE THE NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD, AND DISTRICT NUMBER, IF ANY.	IF ACTING JOINTLY WITH ANOTHER COMMITTEE, IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS

Attach additional information on appropriately labeled continuation sheets.

## III IS THIS A SPONSORED COMMITTEE? (Refer to definitions on the reverse side)

[X] YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment.)

Name of Sponsor: AALA Arlington Heights Landowners Assoc.

Address of Sponsor: 10621 Zodiac Drive, Riverside CA - 92503

(If yes, check one of the classifications below and refer to the instructions on the reverse side for definitions and rules regarding the name of the committee.)

### CLASSIFICATION OF COMMITTEE BY INDUSTRY GROUP OR AFFILIATION:

- ☐ Agriculture ☐ Education ☐ Entertainment/Recreation ☐ Finance/Insurance ☐ Health  
☐ Industrial/Manufacturing ☐ Labor ☐ Legal ☐ Merchandise/Retail ☐ Oil/Gas ☐ Public Employees  
☐ Real Estate ☐ Trade ☐ Transportation ☐ Utilities

X Other: General Purpose Recipient Committees

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act.

IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED

Attach additional information on appropriately labeled continuation sheets.

### Further the Cause - Constitutional Rights of Riverside Citizens

Attach additional information on appropriately labeled continuation sheets.

To be given to the AHLA (sponsor)

Executed on Oct 15 - 1984 Riverside CA. by Betty C. Doubravsky  
(Mo., Day, Yr.) (City and State) (Signature of Treasurer)

ORIGINAL AND ONE  
OF THIS FORM WITH

AND, IF APPLICABLE, FILE ONE  
COPY OF THIS FORM WITH

Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95807

The city or county filing officer, if any,  
with whom the committee must file its  
original campaign disclosure  
statements.

RECEIVED  
AND FILED  
In the office of the Secretary of State  
of the State of California

AUG 24 1987

MARCH FONG EU, Secretary of State

**STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)**

(Government Code Section 84101-84103)

IF AMENDMENT

ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE: Riverside City and County [DF] Tomorrow

RIVERSIDE TOMORROW

STREET ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET CITY STATE ZIP CODE COUNTY  
6807 Airport Drive, Suite 123 Riverside CA 92503 Riverside  
DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.): AREA CODE PHONE NUMBER A OFFICIAL USE ONLY B OFFICIAL USE ONLY  
not yet qualified 714 688-2492

**I TREASURER AND OTHER PRINCIPAL OFFICERS**

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE)	BUSINESS PHONE NO.
TREASURER	Betty C. Doubravsky 2523 Adams St. Riverside CA 92504	714	688-2492

Attach additional information on appropriately labeled continuation sheets.

**II IS THIS A CONTROLLED COMMITTEE OR DOES THIS COMMITTEE ACT JOINTLY WITH ANOTHER CANDIDATE OR COMMITTEE?**

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

[ ] YES (Complete the following and proceed to Part IV) [xx] NO

**CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.**

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR AFFILIATED COMMITTEE. IF CANDIDATE, ALSO PROVIDE THE NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD, AND DISTRICT NUMBER, IF ANY.	IF ACTING JOINTLY WITH ANOTHER COMMITTEE, IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS

Attach additional information on appropriately labeled continuation sheets.

**III IS THIS A SPONSORED COMMITTEE? (Refer to definitions on the reverse side)**

[xx] YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment.)

Name of Sponsor: AHLOA

Address of Sponsor: 10621 Zodiac Drive Riverside CA 92503

(If yes, check one of the classifications below and refer to the instructions on the reverse side for definitions and rules regarding the name of the committee.)

**CLASSIFICATION OF COMMITTEE BY INDUSTRY GROUP OR AFFILIATION:**

- ☐ Agriculture ☐ Education ☐ Entertainment/Recreation ☐ Finance/Insurance ☐ Health  
☐ Industrial/Manufacturing ☐ Labor ☐ Legal ☐ Merchandise/Retail ☐ Oil/Gas ☐ Public Employees  
☐ Real Estate ☐ Trade ☐ Transportation ☐ Utilities  
☒ Other: General Purpose Recipient Committees

Attach additional information on appropriately labeled continuation sheets.

**YOU MUST COMPLETE THE VERIFICATION ON PAGE 2**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act."

the com-  
ll s.

the company

*[The page contains faint horizontal lines, suggesting it was part of a lined document or notebook.]*

**V COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES**—PLEASE CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY: ☒ CITY ☐ COUNTY ☐ STATE

---

---

---

---

**VI. IN THE EVENT OF TERMINATION, WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS?**

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 15 1997 at Meriden CT by William J. Dubrowsky  
(Mo., Day, Yr.) (City and State) (Signature of Treasurer)